



Disability Services Intake Form

NAME: _____ GTC Student ID: 900 _____

ADDRESS: _____ PHONE: _____

CITY/STATE: _____ DATE OF BIRTH: _____

GTC EMAIL: _____ @ student.GwinnettTech.edu

Current Treating Professional: _____ Phone: _____

Medications: _____

CONFIDENTIAL DISCLOSURE STATEMENT

I hereby authorize Gwinnett Technical College to obtain documentation of the stated disability(s) and to contact and discuss this information with necessary Gwinnett Tech faculty/staff and other applicable support agencies. I understand the purpose of communicating any such information is to allow the college to plan for any accommodations and adjustments, which may be necessary in order to provide an equal educational opportunity.

Furthermore, I authorize Gwinnett Technical College to discuss or release test scores, grades, and any other documentation to:

_____ and/or _____ and/ or _____
(parent, guardian, spouse, Voc Rehab, VA Rehab or other person listed- circle one of these and write the name of person in space above)

In order to receive services, I have been advised to bring a copy of my current schedule to Disability Services each semester.
I understand that all aspects of my financial aid are my responsibility.

In case of an emergency, please contact, _____ at phone # _____ or _____.

This release is subject to revocation in writing at any time, but revocation can have no effect on disclosures previously made.

STUDENT SIGNATURE: _____ **DATE** _____

***** **For Office Use Only** *****

BANNER codes for disability (circle one or all that apply):

- H1** Cognitive Impairment (IQ below 70)
- H2** Hard-of-Hearing
- H3** Deaf
- H4** Speech or Language Impairment
- H5** Visual Impairment Or Blindness
- H6** Emotional Disability (Schizophrenia, PTSD, Depression, etc.)
- H7** Orthopedic Impairment (Mobility Issues, Carpal Tunnel, etc.)
- H8** Other Health Impairment (Leukemia, Epilepsy, Diabetes, Heart Disease, Sickle Cell Anemia, etc.)
- H9** Deaf-Blind
- HA** Multiple Disabilities (more than 1 severe disability where at least one of the disabilities does not fit any of these categories)
- HB** Specific Learning Disability
- HC** Attention Deficit Disorder (ADD or ADHD)
- HD** Autism Spectrum Disorder
- HE** Traumatic Brain Injury